

UNDERGROUND STORAGE TANK SYSTEM CLOSURE PERMIT APPLICATION

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

1. Facility Name (Tank Site): _____ Bldg. No.: _____

Address: _____ City: _____ Zip: _____

EPA ID No.: _____ Contact Person: _____ Phone No.: () _____

2. Tank Owner's Name: _____

Address: _____ City: _____ Zip: _____

3. Tank Operator's Name: _____

Address: _____ City: _____ Zip: _____

4. Applicant's Name: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone No.: () _____

5. Tank Closure Contractor Business Name: _____

(As registered with the Contractors State License Board at www.cslb.ca.gov)

Address: _____ City: _____ Zip: _____

CSLB License No.: _____ Contact Person: _____ Phone No.: () _____

Business License (if required): ☐ on file; ☐ attached; ☐ not applicable

6. Firm that will take soil/water samples: _____ Phone No.: () _____

7. State-certified laboratory that will analyze samples: _____ Phone No.: () _____

This box is for agency use only

Laboratory analyses shall test for:										
	TPHG	TPHD	BTEX, MTBE, TAME, ETBE, DIPE, TBA, EDB, EDC (EPA 8260)	Organic Lead (DHS-LUFT)	O&G	Cl HC	Metals (Cd, Cr, Pb, Ni, Zn (ICAP or AA)	PCB, PCP, PNA, Creosote (EPA 8270)	pH	Other (Specify)
Tank 1										
Tank 2										
Tank 3										
Tank 4										
Tank 5										
Tank 6										

Additional analyses may be required by inspector in field.

UST System Closure Permit Application - p. 2 of 2 Tank Site Address (from page 1): _____

8. Name of Licensed Transporter of Tanks: _____

EPA ID No.: _____ Phone No.: () _____

9. Destination of Tanks and Piping: _____

10. Tank System: Size (gallons) Substance(s) Previously Contained

Tank 1 _____

Tank 2 _____

Tank 3 _____

Tank 4 _____

Tank 5 _____

Tank 6 _____

If the owner/operator does not have a current Hazardous Materials Business Plan (HMBP) which includes these tanks on file with the local agency, provide an 8-1/2" x 11" plot plan of the tanks to be closed. Indicate the nearest cross street to the facility, buildings immediately adjacent to the tanks, location(s) of tanks to be closed, and location of nearby utilities.

This Underground Tank Closure Permit expires 6 months from the date of application. If tanks have not been closed within 6 months, a new closure permit application and appropriate fees may be required.

Facility closure inspections must be scheduled at least 48 hours in advance. Call the appropriate local agency to make necessary arrangements.

I certify that I have read the tank closure guidelines and declare that the above information is correct to the best of my knowledge. The owner of the tank(s) described above is aware of the pending closure. I agree to comply with all applicable city and county ordinances and state laws relating to hazardous materials/wastes, and hereby authorize representatives of local agencies to enter upon the within mentioned property for inspection purposes.

Applicant/Agent's Name (Print)

Applicant/Agent's Signature

Date

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THIS APPROVAL CONSTITUTES A PERMIT FOR REMOVAL OF THE ABOVE LISTED TANKS.

Agency: _____ Date: _____

Print Name: _____ Sign Name: _____

THIS CERTIFIES THAT ALL TANK SYSTEM CLOSURE ACTIVITIES ARE COMPLETE.*

Agency: _____ Date: _____

Print Name: _____ Sign Name: _____

* If contamination of any detectable concentration is found, contact the leaking underground storage tank Local Oversight Program (LOP) and/or Regional Water Quality Control Board for cleanup and/or remediation requirements.